

Case Number:	CM13-0059120		
Date Assigned:	01/31/2014	Date of Injury:	03/30/2012
Decision Date:	05/23/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	11/29/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Maryland. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 44 year old male with a work injury dated 3/30/12. The diagnoses include cervicgia/neck pain, low back pain, shoulder joint pain, numbness and tingling. There are requests for the medical necessity of trigger point injections to the left trapezius, right lumbar paraspinal muscles, There is an 11/16/13 primary treating physician progress report which states that the patient complains of right shoulder, neck, and low back pain with occasional numbness in his right upper extremities. His current medications help his pain and activities of daily living. On physical exam there is tenderness to palpation in the lumbar area and right trapezius with hypertonicity. He ambulates with a cane. He takes Ibuprofen, Gabapentin, Tramadol. The treatment plan included a home exercise plan, medications, request for PT, awaiting cognitive behavioral therapy authorization.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

TRIGGER POINT INJECTION TO LEFT TRAPEZIUS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 122.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TRIGGER POINT INJECTIONS Page(s): 122.

Decision rationale: Trigger point injection to the left trapezius is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. Per the MTUS guidelines there should be documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. The documentation does not describe evidence of a twitch response as required per the MTUS. The request for trigger point injection to the left trapezius is not medically necessary.

TRIGGER POINT INJECTION TO RIGHT LUMBAR PARASPINAL MUSCLES (PSM): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 122.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TRIGGER POINT INJECTIONS Page(s): 122.

Decision rationale: Trigger point injection to the right lumbar paraspinal muscles (PSM) is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. Per the MTUS guidelines there should be documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. The documentation does not describe evidence of a twitch response as required per the MTUS. The request for trigger point injection to right lumbar paraspinal muscles (PSM) is not medically necessary.

TRIGGER POINT INJECTION TO BILATERAL LOWER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 122.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TRIGGER POINT INJECTIONS Page(s): 122.

Decision rationale: Trigger point injection to the bilateral lower extremities is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. Per the MTUS guidelines there should be documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. The documentation does not describe evidence of a twitch response as required per the MTUS. The request for trigger point injection to the bilateral lower extremities is not medically necessary.

TRIGGER POINT INJECTION TO BILATERAL UPPER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 122.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TRIGGER POINT INJECTIONS Page(s): 122.

Decision rationale: Trigger point injection to the bilateral upper extremities is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. Per the MTUS guidelines there should be documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. The documentation does not describe evidence of a twitch response as required per the MTUS. The request for trigger point injection to the bilateral upper extremities is not medically necessary.